



# KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

COMMONWEALTH OF KENTUCKY  
2545 Lawrenceburg Road, Frankfort KY 40601  
Phone: (502) 564-8963 Fax: (502) 564-4687



## Application for First Responder Certification Reinstatement

Fill in all Blanks that Apply:

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

First Responder Certification Number: \_\_\_\_\_ (Please provide a copy of card)

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Company Employed by: \_\_\_\_\_ Contact Person \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Reason for Expiration: (Please provide a separate sheet of paper if needed)

### Office Use Only:

Check# \_\_\_\_\_  
M.O.# \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Date Cert. \_\_\_\_\_  
Cert. # \_\_\_\_\_  
Exp. Date \_\_\_\_\_

**All questions on this application must be answered. Failure to respond to these questions, this application shall be returned to you as incomplete:**

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No \_\_\_\_\_ Yes \_\_\_\_\_
2. Have you ever been convicted of a misdemeanor or DUI? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, please provide a written explanation and a certified copy of court records).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No \_\_\_\_\_ Yes \_\_\_\_\_
5. Have you ever been in default on any school loans? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, please provide a written explanation).
6. Have you at any time had your certification(s) or registration(s) as a First Responder been restricted, revoked, denied, suspended or expired? No \_\_\_\_\_ Yes \_\_\_\_\_
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of a first responder? No \_\_\_\_\_ Yes \_\_\_\_\_
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accomodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a first responder? No \_\_\_\_\_ Yes \_\_\_\_\_
9. If you marked yes on any of the above questions, have you reported this to the KBEMS office? No \_\_\_\_\_ Yes \_\_\_\_\_

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



"An Equal Opportunity Employer M/F/H